## Save This Life Microchip Information

Rascal Animal Hospital staff will complete the initial registration process. You can then go online to www.savethislife.com or call 855-777-CHIP to update owner and patient information as needed.

This is a one-time registration fee. You do not have to pay any annual maintenance fees.

## How does it work?

- If someone finds your pet, they can Google the microchip number on the tag. Shelters, rescues, and veterinarians can also scan the microchip located between your pet's shoulders to attain the microchip number.
- Google will direct the finder to the *Save This Life* website. They can either call the company to report that they have found your pet, or they can submit a short message to the website which will be sent to you via text message. If the finder allows their location to be shown, you will also receive an image (via Google maps) of the location of your pet.
- If you wish to make your information public so that the finder of your pet can **call you directly** (without going through the microchip company), please call 855-777-2447 to update your privacy settings. Otherwise, your information will be kept private.
- You can also upload a photo of your pet to your account at www.savethislife.com

Place microchip sticker here

## Microchip Registration Form Please read, fill out, and return to staff member.

1.)	Please	confirm	that the	address	listed	above is	s correct.
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2.) Please provide your contact phone numbers below.         Home phone:         Cell:         Cell Phone Carrier (Sprint, Verizon, etc):         Business:         Additional phone:         Additional phone:         Additional phone:         Barantian         Address:         (required)         Barantian         Address:         (required)         Barantian         Address:         (required)         Barantian         Address:         Secondary Contact Name:         Secondary Contact Phone Number:         Secondary Contact Phone Number:         Age:         Breed:       Gender:         Color:       Date of last rabies vaccine (if known):
Cell:
Business:
Business:
Additional phone:   Additional phone:   Additional phone:   Email address:(required)   Secondary Contact Name:   Secondary Contact Name:   Secondary Contact Phone Number:   Secondary Contact Phone Number:   Additional phone:   Additional phone:   Additional phone:   Secondary Contact Name:   Secondary Contact Phone Number:   Additional phone:   Age:   Breed:   Color:   Date of last rabies vaccine (if known):
Additional phone:   Email address:(required)   3.) Choose a secondary/emergency contact person.   Secondary Contact Name:   Secondary Contact Phone Number:   Secondary Contact Phone Number:   4.) Fill out your pet's information below.   Name:   Breed:   Gender:   Color:   Date of last rabies vaccine (if known):
Email address:(required)   3.) Choose a secondary/emergency contact person.   Secondary Contact Name:   Secondary Contact Phone Number:   4.) Fill out your pet's information below.   Name:   Breed:   Gender:   Color:   Date of last rabies vaccine (if known):
Secondary Contact Name: Secondary Contact Phone Number: 4.) Fill out your pet's information below. Name: Age: Breed: Age: Breed: Gender: Color: Date of last rabies vaccine (if known):
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Name:            Breed:            Color:            Date of last rabies vaccine (if known):
Name:            Breed:            Color:            Date of last rabies vaccine (if known):
Breed: Gender: Color: Date of last rabies vaccine (if known):
Color: Date of last rabies vaccine (if known):
Please list any special health concerns (medical condition, medications) for your pet:
Primary veterinarian's info (if different than Rascal Animal Hospital):
Hospital name:
Address:

Phone number:\_\_\_\_\_

Place microchip sticker here

Rascal staff - Fax completed registration form to 855-777-2447

Microchip implanted by Rascal Animal Hospital - 5830 Britton Pkwy, Dublin, OH 43016 -*614-791-7729*.